## ARIZONA FORM 140A

## Resident Personal Income Tax Return (Short Form)

2004

-Y	OUR	FIRST NAME AND INITIAL	LAST	T NAME				YOU	JR SOC	CIAL S	ECURITY NO		
	1												
	1 A JC	INT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST	LAST NAME SPOUS					)USE'S	E'S SOCIAL SECURITY NO.			
-	_	NT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO.	DAY	TIME PHONE					<b>^</b>	IMI	PORTANT	<b>A</b>	
	2		(	)						enter your	SSNs.		
_		ADDRESS CONTINUED	HOM	HOME PHONE							onto: your	00.10.	
	2		94	(	)								
0	ITY, T	OWN OR POST OFFICE STATE ZIP CODE	FOR DOR USE					SE C	NLY	<i>'</i>			
[	3												
Filing Status	4	Married filing joint return											
	5	Head of household - name of qualifying child or dependent:		umber above									
S	6	Married filing separate return. Enter spouse's Social Security N	Numb										
ij		and full name here. ▶				88							
	/	Single											
ons	8 9 10 11	Enter the Age 65 or over (you and/or spouse)											
joti	9	number claimed. Do Blind (you and/or spouse)			82 CHECK ONE if filing under an			r an	extension:				
xen	10	not put a Dependents. From page 2, line A2 - do not include						onth extension		82D			
		check mark. Qualifying parents and ancestors of your parents.									extension	82F	
ments.		Federal adjusted gross income (from your federal return)					$\overline{}$			12		00	
		Exemption - Age 65 or over: Multiply the number in box 8 by \$2,100							00	4			
		Exemption - Blind: Multiply the number in box 9 by \$1,500							00	4			
	1	Exemption - Dependents: Multiply the number in box 10 by \$2,300								4			
	17	Total subtractions. Add lines 13 through 16								17		00	
Ž	18	3 Arizona adjusted gross income. Subtract line 17 from line 12							18		00		
0 0		Standard deduction. If you checked filing status box 4 or 5, enter \$8,100. If you checked box 6 or 7, enter \$4,050								19		00	
an	20	Personal exemptions. See pages 5 and 6 of the instructions		•						20		00	
attach	21	Arizona taxable income. Subtract lines 19 and 20 from line 18. If le								21		00	
		? Amount of tax from Optional Tax Rate Tables										00	
o not	23	- 24 Clean Elections Fund Tax Reduction. See instructions page 6.								24		00	
7	125	Reduced tax. Subtract line 24 from line 22							25		00		
e but	.I	Family income tax credit from worksheet on page 7 of instructions								26		00	
nclose	27	Subtract line 26 from line 25. If less than zero, enter zero							27		00		
End	11	Clean Elections Fund Tax Credit. From worksheet on page 7 of the									00		
_		Balance of tax. Subtract line 28 from line 27. If line 28 is more than								29		00	
refur	30	Arizona income tax withheld during 2004					30		00				
e Ve	31	Amount paid with 2004 Arizona extension request (Form 204)					31		00	-			
nage	32	Increased Excise Tax Credit from worksheet on page 8 of the instru Property Tax Credit from Form 140PTC					32		00				
	34	Total payments/credits. Add lines 30 through 33								34		00	
	35									35		00	
of last	36									36		00	
ç	37											100	
ack		Aid to Education 37 00 Arizona Wildlife 38 00 Citizens Clean Elections 39 00											
to t		Arizona Wildlife   38											
N-2		Special Olympics 43 00 Political Gift 44 00											
chl	45	Check only one if making a political gift: ₄₅1 □ Democratic ₄₅2 □ Libertarian ₄₅3 □ Republican											
4tta	46	6 Total voluntary gifts: Add lines 37 through 44										00	
	47	REFUND. Subtract line 46 from line 36. If less than zero, enter am Direct Deposit of Refund: See instructions.								46 47		00	
		ROLITING NUMBER ACCOUNT NUMBER								H		1-0	
		98					SC	Checking o	r				
	48	AMOUNT OWED. Add lines 35 and 46. Make check payable to A	rizon	na Departme	nt of	Revenue; inc			ent.	48		00	

PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

Form 140A (2004) Page 2 of 2 PART A: Dependents and Qualifying Parents - do not list yourself or spouse A1 List children and other dependents. If more space is needed, attach a separate sheet. NO. OF MONTHS LIVED SOCIAL SECURITY NO. FIRST AND LAST NAME RELATIONSHIP IN YOUR HOME IN 2004 Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See page 5 of the instructions. List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions. NO. OF MONTHS LIVED FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP IN YOUR HOME IN 2004 PART B: Last Name(s) Used in Prior Years if different from name(s) used in current year **B6** I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PLEASE SIGN HERE YOUR SIGNATURE DATE SPOUSE'S SIGNATURE DATE PAID PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

DATE

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

PAID PREPARER'S ADDRESS

PAID PREPARER'S TIN